

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Plans

Memorandum No: 05-25 MAA
Issued: April 25, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Enteral Nutrition Program: Billing Instructions Implementation Date Change

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) is implementing the new *Enteral Nutrition Billing Instructions*. **This is a revised implementation date.** MAA is also making a number of minor corrections to the billing instructions.

New Implementation Date

Effective for dates of service on and after July 1, 2005, MAA is implementing the new *Enteral Nutrition Billing Instructions*. MAA is moving the implementation date from May 1 to July 1 to give providers more time to become familiar with the changes.

Corrections to the Billing Instructions – Page Replacements

MAA is correcting a number of minor errors in the billing instructions. Most of these corrections have been previously noted on MAA's on-line *Enteral Nutrition Billing Instructions* document. The changes to the billing instructions include the following:

Changed Page	Correction Made
Title page	Corrected the date of the title page (and facing page) to reflect the new implementation date of July 1, 2005.
F.1	Corrected a typo in the list of ICD-9-CM diagnosis codes. The list now includes 263.0. Also clarified "medical necessity" language according to a stakeholder recommendation.
H.1	Corrected the Maximum Allowable dollar amount for Boost (with or without fiber) to \$0.92.
H.2	Removed Enlive from the Product List (Enlive was inadvertently included with the first publication of the document).
H.5	Corrected the Maximum Allowable dollar amount for Reabilan to \$1.60.
K.2	Corrected the Maximum Number of Units for procedure codes B4035 and B4036 to match that of B4034: <i>1 per client, per day</i> .

How can I obtain MAA's Provider Issuances?

To obtain MAA's numbered memoranda and billing instructions, visit MAA's web site at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → [*desired issuance*]; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Medical Assistance Administration



Enteral Nutrition

Billing Instructions

Chapter 388-554 WAC

**New Implementation date
July 1 2005**

About this publication

This publication supersedes any other versions of MAA's *Medical Nutrition Billing Instructions* and Numbered Memoranda 00-64 MAA, 03-49 MAA, 03-68 MAA, 04-14 MAA, and 04-54 MAA.

Related programs have their own billing instructions. Services and/or equipment related to any of the programs listed below must be billed using their respective billing instructions:

- Home Health Services
- Hospice Agency Services
- Medical Nutrition Therapy
- Prescription Drug Program

Published by the Medical Assistance Administration
Washington State Department of Social and Health Services
Implemented: July 2005

Where do I get copies of other billing instructions?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free hard copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Prior Authorization

What is prior authorization?

Prior authorization (PA) is the Medical Assistance Administration's (MAA) approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Expedited prior authorization (EPA) and limitation extensions (LE) are forms of PA.**

Is prior authorization required for enteral nutrition?

[Refer to WAC 388-554-700]

MAA requires PA for orally administered enteral nutrition products, repairs to equipment, and replacement of necessary supplies for tube delivery of enteral nutrition products. MAA does not require PA for tube-delivered enteral nutrition products. See also WAC 388-501-0165.

When MAA receives an initial request for PA, the prescription(s) for those items cannot be older than three months from the initial request date.

MAA will **evaluate all requests for services not specifically described in these billing instructions or that are in excess of the enteral nutrition program's limitations or restrictions, based on medical necessity. The provider must furnish all of the following information to MAA:**

- A copy of the signed and dated physician's order completed by the prescribing physician, advanced registered nurse practitioner (ARNP), or physician's assistant-certified (PA-C), which includes client's medical condition and exact daily caloric amount of prescribed enteral nutrition product (see Important Contacts).
- Documentation from the client's physician, ARNP, or PA-C that verifies all of the following:

- ✓ The client has at least one of the following medical conditions, subject to the criteria listed:

- Malnutrition/malabsorption as a result of a stated primary diagnosed disease.

Requires PA for a maximum of six months per request, and MAA considers the following ICD-9-CM codes as medically necessary: 260, 261, **263.0**, 263.2, 579.0, 579.2, and 579.8. The client must have:

- ❖ A weight-for-length at or less than the fifth percentile if the client is younger than age three; or
- ❖ A Body Mass Index (BMI) of:
 - ☐ Less than or equal to the fifth percentile if the client is older than age three and younger than age 18; or
 - ☐ Less than or equal to 18.5 if the client is 18 years of age or older.

➤ Acquired immune deficiency syndrome (AIDS).

Requires PA for a maximum of one year per request, and MAA considers ICD-9-CM diagnosis code 042 as medically necessary. The client must:

- ❖ Be in a wasting state; and
- ❖ Have a weight for length at or less than the fifth percentile if the client is younger than age three; or
- ❖ Have a BMI of:
 - ☐ Less than the fifth percentile if the client is older than age three and younger than age 18; or
 - ☐ Less than or equal to 18.5 if the client is 18 years of age or older.

➤ Dysphagia.

Requires PA for a maximum of six months per request, and MAA considers ICD-9-CM diagnosis code 787.2 as medically necessary. The client must:

- ❖ Need to transition from tube feedings to oral feedings or require thickeners to aid swallowing; and
- ❖ Be evaluated by:
 - ☐ A speech therapist; or
 - ☐ An occupational therapist who specializes in dysphagia.

Product List

Providers must use the applicable HCPCS codes for all enteral nutritional claims. **Please note: The appropriate modifier must be used (see page G.1). MAA periodically makes changes to the product list. Visit MAA's web site regularly to view updates.**

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Advera	B4154	100 cal	\$1.60
Alimentum Protein Hydrolysate Formula with Iron	B4161	100 cal	\$2.97
AlitraQ	B4153	100 cal	\$2.97
Amino-Aid	B4154	100 cal	\$1.60
Boost (with or without fiber)	B4150	100 cal	\$0.92
Boost HP	B4150	100 cal	\$0.92
Boost Plus	B4152	100 cal	\$0.62
Calcilco XD Pwd	B4162	100 cal	\$1.60
Carnation Alsoy	B4150	100 cal	\$0.92
Carnation Follow-up	B4150	100 cal	\$0.92
Carnation Good Start	B4150	100 cal	\$0.92
Casec	B4155	100 cal	\$0.89
Choice DM	B4154	100 cal	\$1.60
Choice DM Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Compleat Modified	B4149	100 cal	\$0.94
Compleat Pediatric	B4149	100 cal	\$0.94
Comply	B4152	100 cal	\$0.62
Criticare HN	B4153	100 cal	\$2.97
Crucial	B4153	100 cal	\$2.97
Cyclinex 1	B4162	100 cal	\$1.60
Cyclinex 2	B4162	100 cal	\$1.60
Deliver 2.0	B4152	100 cal	\$0.62
Diabetisource	B4154	100 cal	\$1.60
Diabetisource AC	B4154	100 cal	\$1.60
Duocal	B4155	100 cal	\$0.89


Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Elecare	B4161	100 cal	\$2.97
Enfacare	B4160	100 cal	\$0.62
Enfamil	B4158	100 cal	\$0.92
Enfamil 22	B4150	100 cal	\$0.92
Enfamil AR	B4158	100 cal	\$0.92
Enfamil LactoFree	B4158	100 cal	\$0.92
Enfamil Next Step	B4158	100 cal	\$0.92
Enlive	B4150	100 cal	\$0.92
Ensure (with or without fiber)	B4150	100 cal	\$0.92
Ensure Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Ensure High Protein	B4150	100 cal	\$0.92
Ensure Plus	B4152	100 cal	\$0.62
Ensure Plus HN	B4152	100 cal	\$0.62
FAA (Free Amino Acid Diet)	B4153	100 cal	\$2.97
FiberSource	B4150	100 cal	\$0.92
FiberSource HN	B4150	100 cal	\$0.92
GA 1 and 2	B4153	100 cal	\$2.97
Generic/Store Brand Formula	B4150	100 cal	\$0.92
<i>Note: Providers may bill for generic or store brand products only when the content of the product is the same as Ensure, Boost, or NuBasics.</i>			
Glucerna	B4154	100 cal	\$1.60
Glucerna Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Glucerna Shake	B4154	100 cal	\$1.60
Glutarex 1	B4162	100 cal	\$1.60
Glutarex 2	B4162	100 cal	\$1.60
Glutasorb	B4153	100 cal	\$2.97
Glytrol	B4158	100 cal	\$0.92
HCY 1 and 2	B4162	100 cal	\$1.60
Hepatic-Aid	B4154	100 cal	\$1.60
Hominex 1	B4162	100 cal	\$1.60

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Peptamen VHP	B4153	100 cal	\$2.97
Peptinex DT	B4161	100 cal	\$2.97
Perative	B4153	100 cal	\$2.97
PFD2	B4155	100 cal	\$0.89
Phenex 1	B4162	100 cal	\$1.60
Phenex 2	B4162	100 cal	\$1.60
PhenylAde Amino Acid Blend	B4155	100 cal	\$0.89
PhenylAde MTE	B4155	100 cal	\$0.89
Phenyl-Free	B4162	100 cal	\$1.60
Phenyl-Free 2	B4162	100 cal	\$1.60
Phenyl-Free HP2	B4162	100 cal	\$1.60
Polycose Liquid	B4155	100 cal	\$0.89
Polycose Powder	B4155	100 cal	\$0.89
Portagen	B4158	100 cal	\$0.92
Pregestimil	B4161	100 cal	\$2.97
Probalance	B4150	100 cal	\$0.92
Pro-Cel	B4155	100 cal	\$0.89
Promod	B4155	100 cal	\$0.89
Promote (with or without fiber)	B4150	100 cal	\$0.92
Pro-Peptide	B4153	100 cal	\$2.97
Pro-Peptide VHN	B4153	100 cal	\$2.97
Pro-Peptide for Kids	B4161	100 cal	\$2.97
ProPhree	B4155	100 cal	\$0.89
Propimex 1	B4162	100 cal	\$1.60
Propimex 2	B4162	100 cal	\$1.60
ProSobee	B4159	100 cal	\$0.92
ProSure	B4150	100 cal	\$0.92
Protein Eight Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
ProViMin	B4155	100 cal	\$0.89
Pulmocare	B4154	100 cal	\$1.60
RCF	B4155	100 cal	\$0.89
Reabilan	B4154	100 cal	\$1.60

Product Name	HCPCS Code	One Unit =	Maximum Allowable
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Reabilan HN	B4153	100 cal	\$2.97
Regain Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Renal Cal	B4154	100 cal	\$1.60
Replete (with or without fiber)	B4150	100 cal	\$0.92
Resource	B4150	100 cal	\$0.92
Resource Arginaid	B4155	100 cal	\$0.89
Resource Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Resource Benecalorie	B4154	100 cal	\$1.60
Resource Beneprotein	B4155	100 cal	\$0.89
Resource Diabetic	B4154	100 cal	\$1.60
Resource GlutaSolve	B4155	100 cal	\$0.89
Resource Just for Kids	B4160	100 cal	\$0.62
Resource Plus	B4152	100 cal	\$0.62
Resource ThickenUp	B4100	1 pwd oz	\$0.56
Respalor	B4154	100 cal	\$1.60
SandoSource Peptide	B4154	100 cal	\$1.60
Similac	B4150	100 cal	\$0.92
Similac HMF (PA Required)	B9998	1 packet	Submit Invoice
Similac PM 60/40	B4154	100 cal	\$1.60
SimplyThick (PA Required)	B9998	1 oz	Submit Invoice
Subdue	B4153	100 cal	\$2.97
Suplena	B4154	100 cal	\$1.60
Thick & Easy	B4100	1 pwd oz	\$0.56
Thick-It	B4100	1 pwd oz	\$0.56
Tolerex	B4153	100 cal	\$2.97
TraumaCal	B4154	100 cal	\$1.60
TwoCal HN	B4152	100 cal	\$0.62
Tyrex 2	B4162	100 cal	\$1.60
Tyros 2	B4162	100 cal	\$1.60
UCD 1 and 2	B4154	100 cal	\$1.60

Fee Schedule

Equipment Rental/Purchase Policy

- The following are included in MAA's reimbursement for equipment rentals or purchases:
 - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
 - ✓ Full service warranty;
 - ✓ Delivery and pick-up; and
 - ✓ Fitting and adjustments.
 - If changes in circumstances occur during the rental period, such as death or ineligibility, MAA will terminate reimbursement at that date.
 - Providers may not bill for a rental and a purchase of any item simultaneously.
 - MAA will **not** reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
 - All rent-to-purchase equipment may be new or used at the beginning of the rental period.
 - MAA reimburses for enteral nutrition related supplies for clients residing in nursing facilities **only**:
 - ✓ When the supplies are used to administer 100% of the client's nutritional requirements; and
 - ✓ When the client's medical circumstances meet MAA's program requirements for enteral nutrition.
-  **Note:** Covered items that are not part of the nursing facility per diem may be billed separately to MAA.
- MAA reimburses for enteral nutrition-related supplies for clients receiving Medicare Part B **only**:
 - ✓ When the supplies are used to administer enteral nutrition products to non tube-fed clients; and
 - ✓ When the client's medical circumstances meet MAA's requirements for enteral nutrition.

Enteral Supply Kits						
<ul style="list-style-type: none"> Do not bill more than one supply kit code per day. Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity or pump method of nutrient administration. Bill only for the actual number of kits used, not to exceed a one-month supply. 						
Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4034	Enteral Feeding Supply Kit; Syringe (Bolos only)	\$5.60	N	Y	1 per client, per day	N
B4035	Enteral Feeding Supply Kit; Pump Fed, per day	\$10.67	N	Y	1 per client, per day	N
B4036	Enteral Feeding Supply Kit; Gravity Fed	\$7.31	N	Y	1 per client, per day	N

Enteral Tubing						
<ul style="list-style-type: none"> The total number of allowed tubes includes any tubes provided as part of the replacement kit. 						
Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4081	Nasogastric tubing with stylet (each)	\$19.78	N	Y	3 per client, per month	N
B4082	Nasogastric tubing without stylet (each)	\$14.73	N	Y	3 per client, per month	N
B4083	Stomach tube – Levine type (each)	\$2.25	N	Y	1 per client, per month	N
B9998	Low Profile Gastrostomy Replacement Kit (e.g., Bard, MIC Key Button, Hide-a-port, Stomate) EPA #: 870000742	\$106.87	N	Y	2 per client, every 5 months	N
B4086	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	\$32.66	N	Y	5 per client, per month	N